**FORM D** 



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1283810
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OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ige burden
hours per respon	nse16.00

SEC USE	ONLY
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one Number (Including Area Code) 62-2830 One Number (Including Area Code)  PROCESSED  MAR 1 7 2004  THOMSON FINANCIAL
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(6), 17 CFR 230.501 et seq. or 15 U.S.C.
is deemed filed with the U.S. Securities eceived at that address after the date on
any copies not manually signed must be
of the issuer and offering, any changes A and B. Part E and the Appendix need
arities in those states that have adopted administrator in each state where sales on the proper amount shall
ndix to the notice constitutes a part of
r ess

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

filing of a federal notice.

Since a determination of who is a promoter is a question of fact, the persons are listed on page 2 as promoters without admitting or denying such status.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

• Each promoter of the issuer, if the issuer has been organized within the past five years;

2. Enter the information requested for the follow	ving:	<u>a esta que la esta la la constituir destinación de las las las las las las las las las las</u>		
Each promoter of the issuer, if the issuer	•	nin the past five years:		
Each beneficial owner having the power to	_		of 10% or more of	a class of equity securities of the issue
Each executive officer and director of co	•	-		• •
Each general and managing partner of pa	-	riporate Bottora, and than	aging partitors or p	atticismp issuers, and
Each general and managing patter of pa				
Check Box(es) that Apply:  Promoter  Atlas Resources, Inc.	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
311 Rouser Road, Moon Township, PA 151	108			
Business or Residence Address (Number and Stre		e)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	<b>⋉</b> Director	General and/or
Kotek, Freddie M.				Managing Partner
Full Name (Last name first, if individual)		-		
311 Rouser Road, Moon Township, PA 151	08			
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	e)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	<b>⋈</b> Director	General and/or Managing Partner
Staines, Michael L.				
Full Name (Last name first, if individual)				
311 Rouser Road, Moon Township, PA 151				· <del></del>
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	e)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	M Director	General and/or Managing Partner
Carolas, Frank P.				
Full Name (Last name first, if individual)	100			
311 Rouser Road, Moon Township, PA 151				
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	e)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Simmons, Jeffrey C.				managing tariner
Full Name (Last name first, if individual)				
311 Rouser Road, Moon Township, PA 151	<del></del>			
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	e)		
Check Box(es) that Apply: 🗶 Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Hartzell, Michael G.				Managing Partner
Full Name (Last name first, if individual)				
311 Rouser Road, Moon Township, PA 151	108			
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	e)		
Check Box(es) that Apply:   Promoter	Beneficial Owner	Executive Officer	Director	General and/or
McGurk, Nancy J.				Managing Partner
Full Name (Last name first, if individual)				
311 Rouser Road, Moon Township, PA 151	08			
Business or Residence Address (Number and Stre	eet, City, State, Zip Code	:)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Since a determination of who is a promoter is a question of fact, the persons are listed on page 2 as promoters without admitting or denying such status.

		A. BASIC ID	ENTIFICATION DATA		
<ol><li>Enter the information re</li></ol>	quested for the fol	llowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	suer has been organized w	vithin the past five years;		
<ul> <li>Each beneficial own</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive off	icer and director o	f corporate issuers and of	corporate general and ma	maging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	<b>▼</b> Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Hollander, Jack L.			-		Managing Partner
Full Name (Last name first, i	f individual)				
311 Rouser Road, Moon	Township, PA	15108			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Laughlin, Donald R.					Managing Partner
Full Name (Last name first, i	f individual)	<del></del>		<del> </del>	
311 Rouser Road, Moon	Township, PA	15108			
Business or Residence Addre			ode)		
Check Box(es) that Apply:	<b>▼</b> Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
	A Tromoter		E Driver of the control		Managing Partner
Bleichmar, Marci F. Full Name (Last name first, i	f individual)	<del></del>			
		15100			
311 Rouser Road, Moon Business or Residence Addre			nde)		
Business of Residence Addre	ss (Number and	Street, City, State, Zip Ct	oue)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Black, Karen A.					
Full Name (Last name first, i					
311 Rouser Road, Moon			<del> </del>		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				···	Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	<u></u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Address	ss (Number and	Street, City, State, Zip Co	ode)		
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		<u> </u>			<b>D.</b>	TORMAI	ION ABOU	1 OFFERI			<u> </u>	Yes	No
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	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?												
2.	What is	the minin	num investn	nent that w	ill be acce	pted from a	any individ	lual?				. \$ 12,5	500.00
												Yes	No
3.													
4.			tion request										
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	or state	s, list the n	ame of the b	roker or d	ealer. If me	ore than fiv	e (5) perso	ns to be list	ed are asso				
			, you may s		e informati	on for that	broker or	dealer only	/.				
Ful	il Name (	Last name	first, if ind	ividual)									
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A	dvantage	Capital C	orporation										
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••	<ol> <li>Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?</li></ol>												
2.	What is	the minim	um investm			pted from a		-				s 12,5	00.00
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			-			City, State, 2	Zip Code)						
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		Securities											
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
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1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No
1.	Answer also in Appendix, Column 2, if filing under ULOE.												Ш
2	2. What is the minimum investment that will be accepted from any individual?												00.00
۷.													No
3. Does the offering permit joint ownership of a single unit?												Yes	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Ful	l Name (l	Last name	first, if ind	ividual)									
Bus	ciness or	Residence	Address (N	lumber and	1 Street C	ity State 7	in Code)						
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Full Name (Last name first, if individual)											······································		
Bus	siness or	Residence	Address (	Number an	d Street, C	ity, State, 2	Zip Code)						
			enue, Suite		Cajon, CA	92020					<del> </del>		
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	Y.F1					11			41.1			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.												X	
-	2. What is the minimum investment that will be accepted from any individual?												500.00
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	iny individ	uai?		•••••			500.00
3. Does the offering permit joint ownership of a single unit?												Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.													_
											he offering. with a state		
	or states	, list the na	me of the b	roker or de	ealer. If mo	ore than five	e (5) persor	ns to be list	ted are asso		ons of such		
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			Address (N			-	Zip Code)						
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		st Securitie											
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers				<u> </u>		
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1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is	the minim	um investn					_				\$ <u>12,5</u>	500.00
												Yes	No
<ul> <li>3. Does the offering permit joint ownership of a single unit?</li> <li>4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an</li> </ul>												<b>X</b>	
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
Ful	ll Name (l	Last name	first, if ind	ividual)									
			Address (N			ity, State, 2	Lip Code)						
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C	ooper Ma	lone McC	lain, Inc.										
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1					В. І	NFORMAT	ION ABOU	T OFFERI	NG			5.04	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												Yes	No
Answer also in Appendix, Column 2, if filing under ULOE.													
2	2. What is the minimum investment that will be accepted from any individual?											\$ 12.5	500.00
2.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 0000	piou nom i	,			•••••••		Yes	No
3. Does the offering permit joint ownership of a single unit?												X	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
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					В. П	NFORMAT	ION ABÓU	T OFFERI	NG				
B. INFORMATION ABOUT OFFERING  1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a ste or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sure a broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  11140 Rockville Pike, 400, Rockville, MD 20852  Name of Associated Broker or Dealer  H. Beck, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States).  AL AE AZ AR CA CO CT DE DC FL GA  III. IN IA KS KY LA ME MD MA MI MN  MT NE NY NH NJ NM NY NC ND OH OK  RI SC SD IN IX UT YT VA WA WY WI  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  2112 Century Park Lane, #415, Los Angeles, CA 90067  Name of Associated Broker or Dealer  Hagen Securities, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States).  AL AK AZ AR CA CO CT DE DC FL GA  III. IN IA KS KY LA ME MD MA MI MN  MT NE SW NH NN NM NY NC ND OH OK  PILL RAM AR AR CO CT DE DC FL GA  III. IN IA KS KY LA ME MD MA MI MN  MT NE SW NH NN NM NY NC ND OH OK  PILL RAM AR AR CO CT DE DC FL GA  III. IN IA KS KY LA ME MD MA MI MN  MT NE SW NH NN NM NY NC ND OH OK  PILL RAM AR CO CT DE DC FL GA  III. IN IA KS			Yes	No									
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Full	Name (I	ast name	first, if indi	ividual)				·				····	
			Address (N		d Street, C	ity, State, 2	Zip Code)	<u></u>			Post of Manager		
			oker or De			<del></del>		<del></del> .	<del></del>				
		Securities,				· · · · · · · · · · · · · · · · · · ·	<del></del>	<u> </u>	¬				
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	دي پوردو سيد څو يې				B. II	NFORMAT	ION ABOU	T OFFERI	NG	1440 m		1:55 C. 4:1 		
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1.	Has the	issuer soia	, or does the			Appendix,				_	*****************	X		
2	W/hot is	the minim	ım investme					_				§ 12,5	00.00	
2.	w nat is	the minim	mi mvesim	ciit illat w	in be acce	picu nom z	my marvid	uai:	***************************************	***************************************	***************************************	Yes	No	
3.	Does the	offering p	ermit joint	ownershi	p of a sing	le unit?				•••••		X		
4.											irectly, any			
											he offering. with a state			
	or states	, list the na	me of the br	oker or de	aler. If mo	ore than five	e (5) persor	is to be list	ed are asso		ons of such			
<u></u>			you may se		e informati	on for that	broker or		<del>/.</del>					
rui	i Name (L	Jasi name i	irst, if indiv	viduai)										
Bu	siness or I	Residence A	Address (Nu	ımber and	Street, Ci	ty, State, Z	(ip Code)						·····	
	Business or Residence Address (Number and Street, City, State, Zip Code) 3550 Buschwood Park Drive, Suite 135, Tampa, FL 33618  Name of Associated Broker or Dealer  J.W. Cole Financial, Inc.													
	Name of Associated Broker or Dealer  J.W. Cole Financial, Inc.													
	ame of Associated Broker or Dealer W. Cole Financial, Inc. ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	Name of Associated Broker or Dealer  J.W. Cole Financial, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
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I ul	i ivailie (L	ast name i	nsi, n mur	riduary										
Bu	siness or	Residence	Address (N	umber an	d Street, C	ity, State, 2	Zip Code)							
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		ociated Bro Company	oker or Dea	ier										
			Listed Has	Solicited	or Intends	to Solicit I	Purchasers				<del></del>	··		
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Ful	l Name (I	ast name f	irst, if indiv	vidual)										
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			Address (N reet, Suite				Zip Code)							
			ker or Dea		wayne, n								<del></del>	
			isors Corp											
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers							
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1.	Has the	issuer sole	d, or does th			ll, to non-a				_		Yes	No
2.	What is	the minim	ium investn					_				<u>\$ 12,5</u>	500.00
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	••••••					Yes	No
4.	commis If a pers or state	ssion or sim son to be lis s, list the n	ilar remune sted is an as:	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with er registere ns to be lis	sales of se d with the S ted are asso	curities in 1 SEC and/or	lirectly, any the offering. with a state sons of such		
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			roker or De	aler		<del></del>			<del> </del>			· <del></del>	
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18 Na	me of As	Littleton I sociated Bi	Address (I Blvd., Little roker or De	eton, CO 8		City, State,	Zip Code)						
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81 Na	1 Governme of As	nor Ritchie sociated Br	Address (No Hwy, Suite of Destate of Destate of Services,	te 25, Seve aler		•	• ,						
			Listed Has		or Intends	to Solicit	Purchasers		<del></del>			<del></del>	
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2,	Whatic	the minim	um investa					_				s 12,5	500.00	
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3.	Does th	e offering	permit join	t ownershi	ip of a sing	le unit?		,		••••••		X		
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brok ore than fiv	ers in conno cer or deale e (5) person	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such			
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	1740 Broadway M.D. 9-17, New York, NY 10019 Name of Associated Broker or Dealer													
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-	10NY Securities Corporation ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
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	- January - January				В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th			ll, to non-a				_		Yes	No
2.	What is	the minim	um investn	nent that w	ill be acce	pted from a	any individ	ual?				<u>\$ 12,5</u>	00.00
3. 4.	Enter the commission of states	e informat sion or sim on to be lis s, list the na	ion request ilar remune ted is an ass ime of the b	ed for eac ration for s sociated pe roker or de	h person v solicitation erson or age caler. If mo	who has bee of purchase ont of a brok	en or will ters in conne ter or deale te (5) person	e paid or ection with rregistered is to be list	given, dire sales of sec d with the S ed are asso	ctly or ind curities in t EC and/or	irectly, any he offering. with a state ons of such	Yes	No
Ful			first, if indi										
Nai	75 Larim	er Street, sociated Br	Suite 300, oker or De	Denver, C		ity, State, Z	Cip Code)						
Name of Associated Broker or Dealer Neidiger, Tucker, Bruner, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
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Ful	l Name (l	Last name	first, if indi	ividual)		<u> </u>					<u></u>		· · · · · · · · · · · · · · · · · · ·
			Address (N Suite 620,			ity, State, 2	Zip Code)					<u>.</u>	
			oker or De	aler									
		cial Group		Solicited	or Intends	to Solicit	Purchasers	···	·				
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Or	ie Financ	ial Way, C	Cincinnati,	OH 45242		lity, State, 2	Zip Code)						
			oker or Deampany (Th										
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1.	Has the		Yes	No										
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2.	What is	the minim	um investn	ent that w	ill be acce	pted from	any individ	lua!?				§ 12,5	500.00	
												Yes	No	
3.	Does the	e offering	permit join	t ownershi	p of a sing	le unit?				•••••		X		
4.											lirectly, any			
		he offering. with a state												
	or states	, list the na	ıme of the b	roker or de	ealer. If mo	ore than fiv	e (5) perso	ns to be list	ed are asso		sons of such			
F17			you may s		e informati	on for that	broker or	dealer only	/. 					
run	i Name (I	Last name	nrsi, ir ina	viduai)										
Bus	Name of Associated Broker or Dealer One America Securities, Inc.													
-	One American Square, Indianapolis, IN 46282  Jame of Associated Broker or Dealer  One America Securities, Inc.													
	One American Square, Indianapolis, IN 46282  Name of Associated Broker or Dealer  One America Securities, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
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Full	l Name (I	Last name	first, if ind	vidual)										
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Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
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,	Raymond Avenue, Poughkeepsie, NY 12603  me of Associated Broker or Dealer time Capital Services, Inc.  tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA  IIL IN IA KS KY LA ME MD MA MI MN  MT NE NV NH NJ NM NY NC ND OH OK  RI SC SD TN TX UT VT VA WA WV WI  I Name (Last name first, if individual)  siness or Residence Address (Number and Street, City, State, Zip Code)  50 SW Macadam, Suite 100, Portland, OR 97239  me of Associated Broker or Dealer  ivate Consulting Group, Inc.  tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA  IIL IN IA KS KY LA ME MD MA MI MN												No	
1.	Has the	X												
•	11714:-	e 12 5	500.00											
2.	What is the minimum investment that will be accepted from any individual?  Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  1 Name (Last name first, if individual)  siness or Residence Address (Number and Street, City, State, Zip Code)  Raymond Avenue, Poughkeepsie, NY 12603  me of Associated Broker or Dealer ime Capital Services, Inc.  tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA  IL IN IA KS KY LA ME MD MA MI MN													
3.	Does th	e offering p	permit join	t ownershi	p of a sing	le unit?						Yes	No	
4.														
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  If Name (Last name first, if individual)  Siness or Residence Address (Number and Street, City, State, Zip Code)  Raymond Avenue, Poughkeepsie, NY 12603  me of Associated Broker or Dealer time Capital Services, Inc.  tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA													
	or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  I Name (Last name first, if individual)  siness or Residence Address (Number and Street, City, State, Zip Code)  Raymond Avenue, Poughkeepsie, NY 12603  me of Associated Broker or Dealer time Capital Services, Inc.  tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
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ı uı	i ivaine (	Last Haine	mst, mmu	ividual)										
	11 Raymond Avenue, Poughkeepsie, NY 12603  Name of Associated Broker or Dealer  Prime Capital Services, Inc.													
11 Raymond Avenue, Poughkeepsie, NY 12603  Name of Associated Broker or Dealer  Prime Capital Services, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
Name of Associated Broker or Dealer Prime Capital Services, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
Sta	Name of Associated Broker or Dealer Prime Capital Services, Inc. States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	Name of Associated Broker or Dealer Prime Capital Services, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA													
	Business or Residence Address (Number and Street, City, State, Zip Code)  11 Raymond Avenue, Poughkeepsie, NY 12603  Name of Associated Broker or Dealer  Prime Capital Services, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA  IL IN IA KS KY LA ME MD MA MI MN  MT NE NV NH NJ NM NY NC ND OH OK													
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	B. INFORMATION ABOUT OFFERING													
						11			.1. CC			Yes	No	
i.	Has the	issuer sold	, or does th							-	**************	X		
•	****		•			Appendix		_				e 12 5	00.00	
2.	What is	the minim	um investn	ient that w	all be acce	pted from a	any individ	ual?		••••••	***************************************	\$ 12,5		
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4.	commiss If a perso or states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation crson or age caler. If mo	of purchase ent of a brok ore than five	ers in conne (er or deale e (5) persoi	ection with r registered as to be list	sales of sed with the S ded are asso	curities in t SEC and/or	irectly, any he offering, with a state sons of such			
Full	Full Name (Last name first, if individual)													
Pus	Business or Residence Address (Number and Street, City, State, Zip Code)													
One Valmont Plaza, 4th Floor, Omaha, NE 68154														
	Name of Associated Broker or Dealer											<del></del>		
QA	QA3 Financial Corp.													
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)											. 🔀 All States		
	AL AK AZ AR CA CO CT DE DC FL GA										GA	HI	[ID]	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	[NV]	$\overline{NH}$	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	[VT]	VA	WA	WV	WI	WY	PR	
Full	Name (I	ast name	first, if indi	ividual)								·		
Bue	iness or	Residence	Address (N	Jumber an	d Street C	ity State	Zin Code)							
			e., Suite 10				esp couc)							
			oker or De											
		rities, Inc.												
Stat			Listed Has											
	(Check '	'All States	" or check	individual	States)			•••••				Ai!	l States	
	AL	AK	M	AR	(A)	CO	CT	DE	DC	FL	GA.	HI	ID	
	IL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	W	NH	NJ	NM	VY	NC	ND	OH	OK.	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	[WV]	WI	WY	PR	
Full	Name (I	ast name	first, if indi	vidual)		<u></u>						<u>-</u>		
			Address (Nuite 200, A			-	Zip Code)						<u> </u>	
			oker or Dea								······································		<del></del>	
	Questar Capital Corporation													
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check '	'All States	" or check	individual	States)		•••••				••••••	. 🗶 All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE	NV	NH	NJ	NM UT	NY	NC VA	ND IVA	OH)	OK	OR WW	PA	
	RI	SC	SD	TN	TX	ŪT	VT	VA	WA	WV	WI	WY	PR	

1. 1. p.					В. п	NFORMAT	ION ABOU	T OFFERI	NG: .⊭		15 (1 <b>44)</b> 13 (144)			
1.	Has the	issuer solo	d, or does th	he issuer i	ntend to se	ll to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No	
••	Tras tire		., 0. 0005 1.			Appendix				_			LJ	
2.	What is	the minim	ium investn			• •		•				<u>\$ 12,5</u>	00.00	
		•										Yes	No	
3.												X		
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchasent of a broker ore than five	ers in conno ker or deale e (5) person	ection with r registered ns to be list	sales of sed with the Steed are asso	curities in t SEC and/or	irectly, any he offering, with a state ons of such			
Ful	Full Name (Last name first, if individual)													
	Business or Residence Address (Number and Street, City, State, Zip Code) 733 Third Avenue, New York, NY 10017													
	Name of Associated Broker or Dealer													
Royal Alliance Associates  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)										All States				
	AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	Œ	
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	RI SC SD TN TX UT VT VA WA WV WI WY PR													
Ful	l Name (l	Last name	first, if ind	ividual)							<u> </u>			
			Address (?			ity, State,	Zip Code)							
-			Rochester oker or De		23									
		& Co., Ir		aici										
Sta			Listed Ha											
	(Check	"All States	s" or check	individual	States)		••••••	•••••		***************************************	•••••	All All	l States	
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Ful			first, if ind									·		
<del></del>		Davidana	Address (?	J., b o	d Street C	Str. State	Zin Codo)		<del>- "- "-</del>					
			rkway, Sui											
	Name of Associated Broker or Dealer SAL Financial Services, Inc.													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
	(Check	"All States	or check	individual	States)		**************			••••••		X All	States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
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	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

	B. INFORMATION ABOUT OFFERING												
									1			Yes	No
I.	Has the	issuer solo	l, or does th			•				•		X	
						Appendix.		_					
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	iny individ	ual?					00.00
3.	Does the	e offering	permit joint	t ownershi	p of a sing	le unit?						Yes	No □
4.			ion request										
	commiss If a person	sion or sim on to be lis , list the na	ilar remune ted is an ass ime of the b you may se	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering with a state	<del>:</del>	
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
7100 West Center Road, Suite 500, Omaha, NE 68106													
Name of Associated Broker or Dealer													
		America, I						· · ·			<del></del>		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)											X Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
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	RI SC SD TN TX UT VT VA WA WV WI WY PR												
Ful	l Name (I	ast name	first, if indi	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		<del></del>				<del></del>
			rive, Suite		xville, TN	37932		· · · · · · · · · · · · · · · · · · ·					
			oker or Dea										
			twork, Inc.		or Intends	to Solicit	Purchasers						<del></del>
Sia			or check									<b>№</b> 1 A1	States
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	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA.	WA	WV	WI	WY	PR
Ful	l Name (I	_ast name	first, if indi	ividual)									
			Address (N		d Street, C	ity, State, 2	Zip Code)				<del>-</del>		
			Arbor, MI							···-			
	Name of Associated Broker or Dealer Sigma Financial Corp.												
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(Check	"All States	or check	individual	States)		•••••		······································			All States	
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		NA.	N.	<b>K</b> S			ME	MO	MA	M	NON	<b>V</b> S	MO
												OR WAR	
	M	30		124	TX.			W	WA	W	V	WY	PR

B. INFORMATION ABOUT OFFERING														
1	Uac +b -	ingues sal-	l on desert		at and t =	11 +0 === =		marantana !-	this esse	:9		Yes	No	
1.	Has the	issuer soic	l, or does th			n, to non-a Appendix				•	••••••	X		
2.	What is	the minim	um investm			• •						s 12.5	00.00	
۷.	What is	the minim	um mvesur	iciit illat w	in oc acce	pica mom e	uny marvic	.uai:		••••••		Yes	No	
3.	Does the	offering	permit joint	t ownershi	p of a sing	gle unit?	•••••		***********		•••••	X		
4.	commiss If a person or states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conno ker or deale e (5) person	ection with r registere as to be list	sales of se d with the S ed are asso	curities in t SEC and/or	the offering. with a state sons of such			
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code)														
3333 South Wadsworth Blvd., Suite 231, Lakewood, CO 80227														
Name of Associated Broker or Dealer														
	Stephen A. Kohn & Associates, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)										All States				
AL AK ZZ ZR ZA ZO ZY DE DC ZZ ZA											GA	HI	ID	
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	MT	NE	W	NH		NM	NY	NC	ND	OH)	OK.	OR.	PA	
	RI SC SD IN TX UT VT VA WA WV WI WY PR													
Full	l Name (I	ast name	first, if indi	vidual)										
Bus	iness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)							
			vay, Suite 3			-								
			oker or Dea											
			Listed Has		or Intends	to Solicit	Purchasers		<del></del>				<del></del>	
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		AK		AR.	(A)	<b>60</b>				EZ	GA			
				SAT FACE		NM	ME M	M2D MC	MA	M M		¥6 ⊙R	MO PA	
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352	20 Broad	way, Kans	Address (N sas City, M	O 64111	d Street, C	ity, State, 2	Zip Code)		·					
			oker or Dea	aler									- <del>-</del>	
	Sunset Financial Services, Inc.  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
D.u.			" or check						•••••		•••••	X All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA]	HI	ĪĎ	
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MT NE NV NH NJ NM NY NC ND OH OK											OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

	B. INFORMATION ABOUT OFFERING													
1.	Uag the	iccuer colo	l, or does th	a icenar i	ntand to sa	ll to non-n	coredited i	nvectore ir	this offer	ina <sup>n</sup>		Yes	No	
1.	nas inc	issuci soic	i, or does ir			Appendix				-	***************************************	X		
2.	What is	the minim	um investm					_			·····	\$ 12,5	00.00	
												Yes	No	
3.			permit joint									X		
4.	If a persor states a broker	sion or sim on to be lis , list the na or dealer,	ilar remune ted is an ass ime of the b you may so	ration for s sociated pe roker or de et forth the	solicitation rson or age caler. If mo	of purchase int of a brok ore than five	ers in conne cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering, with a state ons of such			
Full	Full Name (Last name first, if individual)													
	Business or Residence Address (Number and Street, City, State, Zip Code) 2180 State Road 434 W, Sanlando Center, Suite 1150, Longwood, FL 32779													
Name of Associated Broker or Dealer														
	Transam Securities, Inc.													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)											☐ All	States		
AK AZ AR AR OZ OT DE DC DZ GA										(CA)	HI	ID		
	Z		IA	KS	KY	LA	ME	MO	MA	M	NOV	MS	MO	
	MT	NE	NV	NH		NM DE	<b>10/2</b>	NC (VZ)	ND WA	WV.	OK	OR	PA	
	RI SZ SD TK TK VT VT WA WV YM WY PR													
Full	l Name (I	ast name	first, if indi	vidual)										
Bus	iness or	Residence	Address (N	Jumber an	d Street, C	ity. State. 2	Zip Code)			<del></del>		<del></del>		
			Suite 220, 1											
			oker or Dea	aler										
	iad Advis		Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del></del>	<del>-</del>		<del> </del>		<del></del>	
			" or check									. 🔀 All States		
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	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full	Name (I	ast name	first, if indi	vidual)							<u> </u>	· <del></del>		
			Address (N			ity, State, 2	Zip Code)						<del></del>	
			oker or Dea						<del></del>					
	United Heritage Financial Services, Inc.													
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
	·													
	AL IL	IN		KS.	KY KY	<b>₩</b>	CT ME	DE MD	DC MA	FL M	GA MX	HI MS		
		WE.		NH		NM	WY	NC	WA	OH		MS <b>○</b> R	PA	
	RI	SC	<b>3</b>	TN	TXT		VT	VA	WA	WV	WI	WY	PR	

					В. 1	NFORMAT	ION ABOU	T OFFERI	NG				
	** .1		1 .1		. 1		1. 1.		.1 :			Yes	No
1.	Has the	issuer sola	, or does tr			ii, to non-a Appendix				-	•••••	X	Ц
2.	What is	the minim	um investm					-				s 12,5	00.00
	.,					<b>P</b>	,					Yes	No
3.			-		• -						•••••	430	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										<b>:</b>			
Full	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code) 5701 Golden Hills Drive, Minneapolis, MN 55416													
			oker or Dea		N 55416		·						
		Securities		2101									
Stat	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)											All States		
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (I	ast name f	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)			<del></del>			
			Suite 200,		l Park, KS	66210	<del></del>						
		ociated Bro ial Servic	oker or Dea es. Inc.	aler									
			Listed Has	Solicited	or Intends	to Solicit	Purchasers	<del></del>					
	(Check '	'All States'	or check	individual	States)		••••••		····			All	l States
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Full	Name (L	ast name f	irst, if indi	vidual)									
			Address (N			•		<del></del>			<u></u>		<del></del>
			, Bldg. 1, Soker or Dea		Rochester	, 141 1401					····		
Wa	Wall Street Financial Group												
State	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)												
	(Check '	'All States'	or check i	individual	States)	••••••	•••••	***************************************	•••••			X All	States
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					ъ. В. П	VFORMAT	ION ABOU	T OFFERI	NG					
1.	Has the	issuer sold	l, or does th	ne issuer ir	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?		Yes	No	
				Ans	wer also in	Appendix	, Column 2	, if filing	under ULC	E.				
2.	What is	the minim	um investm	ent that w	ill be acce	pted from a	any individ	ual?				<u>\$ 12,5</u>	00.00	
3.	Does th	e offering	permit joint	ownershi	p of a sing	le unit?						Yes	No	
4.			ion request											
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.										with a state				
Full Name (Last name first, if individual)														
Business or Residence Address (Number and Street, City, State, Zip Code) 700 Market Street, St. Louis, MO 63101														
													<del> </del>	
	Name of Associated Broker or Dealer Walnut Street Securities, Inc.													
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)												All States		
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
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	MT	NE [SC]	NV	NH	[NJ]	NM)	NY VT	NC VA	ND WA	OH WV	OK) WI	OR WY	PA PR	
	RI SC SD TN TX UT VT VA WA WV WI WY PR													
Ful	l Name (	Last name	first, if indi	vidual)										
			Address (1				Zip Code)	<del> </del>	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>				
			t, Suite 30		ke City, U	1 84101		<del></del>					<u> </u>	
		vis & Co.,												
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	" or check	individual	States)	***************************************		***************************************	•••••		••••••	☐ Al	l States	
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Ful			first, if indi						525				L <u></u>	
			Address (National Address (Nat			-	Zip Code)							
Na	Name of Associated Broker or Dealer World Trend Financial Planning Services, Ltd.													
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
			" or check								•••••••••••••••••••••••••••••••••••••••	All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	K	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT	NE SC	NV	NH	NJ	NM UT	NY	NC VA	ND WA	OH)	OK DV	OR OV	PA	
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

i.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<b>\$</b>	\$
	Equity	\$	
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 60,000,000.00	\$0.00
	Other (Specify)	\$	\$
	Total	\$ 60,000,000.00	\$0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0.00
	Printing and Engraving Costs	ئسنا	\$ 86,000.00
	Legal Fees		\$ 86,000.00
	Accounting Fees	ليتا	\$ 3,100.00
	Engineering Fees	لتنا	\$ 6,900.00
	Sales Commissions (specify finders' fees separately)		\$ 8,100,000.00
	Other Expenses (identify) State filing fees, travel, postage, telephone, salaries, etc.		\$ 718,000.00
	Total	123	\$ 9,000,000.00 (1
	(1) The Managing General Partner will pay the total of all of these expenses.	<u>[F]</u>	

5.	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C-proceeds to the issuer." See footnote to Part C, Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for an check the box to the left of the estimate. The total o	Question 4.a. This difference is the "adjusted gross Question 4.a.  occeed to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		\$ 60,000,000.00
	proceeds to the issuer set forth in response to Par		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	•		<b>\$</b>
	Purchase of real estate	chinery		
	Construction or leasing of plant buildings and fa	cilities	\$\$	<u></u> \$
	Acquisition of other businesses (including the valoffering that may be used in exchange for the ass issuer pursuant to a merger)	ets or securities of another	s	s
	Repayment of indebtedness		<b>]</b> \$	s
	Working capital		\$	\$
	Other (specify): Drilling and completing natural gas at	nd oil wells	\$ 60,000,000.00	\$
		•	\$	s
	Column Totals		\$ 60,000,000.00	<b>\$</b>
_	Total Payments Listed (column totals added)			000,000.00
		D. FEDERAL SIGNATURE		رائي الله الله الله الله الله الله الله الل
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	mish to the U.S. Securities and Exchange Commis	sion, upon writter	
Iss	uer (Print or Type)	Signature /	Date	
Atl	as America Series 25-2004(A) L.P.	I Kad Digit	03/10/2004	
_	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Ka	en A. Black	Vice President-Partnership Administration, Atlas Reso	ources, Inc., Managir	ng General Partner

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)